Uniform Certificate of Authority Application (UCAA)
Expansion Application

To the Insurance Commissioner/Director/Superintendent of the State of:

(checked the appropriate states in which the Applicant Company is applying.)

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<tr>
<th>Alabama</th>
<th>Montana</th>
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<td>Missouri</td>
<td>Wyoming</td>
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The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted, and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: ___________________________ NAIC No.: ___________________________ -- Group Code

Home Office Address: ____________________________________________________________

Administrative Office Address: __________________________________________________________

Mailing Address: ____________________________________________________________

Phone: ___________________________ Fax: ___________________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?

Yes [ ] No [ ]

If not, indicate why: ____________________________________________________________
Applicant Company Name: _____________________________  
NAIC No. __________________________ 
FEIN: __________________________

Date Incorporated: ________________  Form of Organization: ______________________________________________________

Billing Address: ______________________________________ Phone: __________________________ Fax:____________________
E-Mail Address: ______________________  

Premium Tax Statement Address: __________________________________________________________ Phone: __________________________ Fax:____________________
E-Mail Address: ______________________  

Producer Licensing Address: ___________________________________________________________ Phone: __________________________ Fax:____________________
E-Mail Address: ______________________  

Rate/Form Filing Address: ___________________________________________________________ Phone: __________________________ Fax:____________________
E-Mail Address: ______________________  

Consumer Affairs Address: ___________________________________________________________ Phone: __________________________ Fax:____________________
E-Mail Address: ______________________  

State or Country of Domicile: ____________________________ Date Organized: ____________________________

Date of Last Amendment of Charter, Bylaws or Subscriber’s Agreement: ____________________________

Date of Last Financial Examination: ______________________________________________________________________

Date of Last Market Conduct Examination: ______________________________________________________________________

Par Value of Issued Stock: $ ____________________________ Surplus as regards policyholders: $ ____________________________

Certificate of Deposit (Home State): $ ______________________________________________________________________

Ultimate Owner/Holding Company: ______________________________________________________________________

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes [ ] No [ ]

If yes, give full explanation in an attached letter.

The Applicant Company hereby designates (name natural persons only) ____________________________ to appoint persons and entities to act as and to be licensed as agents in the State of ____________________________, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments.

The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized to represent the Applicant Company before the department

Name: ______________________________________________________________________

Title: ______________________________________________________________________

Mailing Address: ____________________________________________________________ Phone: __________________________ Fax:____________________
E-Mail Address: ______________________  

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Revised 08/18/14
FORM 2E
Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, that are pending before the Department.

________________________________

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________________________________

Applicant Company Officers’ Certification and Attestation

One of the three officers (listed below) of the Applicant Company must carefully read the following:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

3. I acknowledge that I am the __________________ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct, executed at _____________________________.

_________________________  _____________________________
Date                     Signature of President

_________________________
Full Legal Name of President

_________________________  _____________________________
Date                     Signature of Secretary

_________________________
Full Legal Name of Secretary

_________________________  _____________________________
Date                     Signature of Treasurer

_________________________
Full Legal Name of Treasurer

_________________________
Name of Applicant Company

_________________________  _____________________________
Date                     Signature of Witness

_________________________
Full Legal Name of Witness